PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 101,598 | | | | | | | | | | 7 |
|---|--|----------------------------------|--|---------------------------------------|--|---|------------------------|------|---------------------|--------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL EN | | OR | OTHER SMALL | |
| u.s | . NATIONAL : | STAGE FEES | 1 | | | RATE | FEE | 1 . | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ | 150 | LARGE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 13/1/ |
| EXAMINATION FEE | | | Satisfies PCT-Article | | All-other-situations = \$ 100 / \$ 200 | EXAM. FEE | 1 | | EXAM. FEE | 28 |
| SEARCH FEE | | | U.S. Is ISA = \$ 50 / ALL other countrie \$ 200 / \$ 400 | | All other situations = \$ 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | | | Ÿ | X \$ 25 = | | OR | X \$ 50 = | 200 |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENŤ CLAIM PR | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | . a |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL | | | | | | | | OR | TOTAL | 1/01 |
| 09 08 (TOMANS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENTA | | CLAIMS REMAINING AFTER AMENDMENT | F | HIGHE NUMBE PREVIOU PAID FO | R PRESENT JSLY EXTRA | RATE | TIONAL FEE | · -· | RATE . | ADDI-" TIONAL FILE |
| | Total | 23 | Minus . ** | 2 | 9 - 6 | X \$ 25 = | | OR | X \$ 50 = | 1 |
| | Independent | . 2 | Minus *** | | 3 = 6 | X \$ 100 = | <u> </u> | OR. | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | <u></u> | OR | + \$ 360 = | |
| | | | | • | | TOTAL ADDIT | · | OR | FEE | 0 |
| | • | (Column 1) | | (Columi | n 2) (Column 3) | | | | | |
| AMENDMENT B | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE: NUMBE PREVIOU PAID FO | ST ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus ** | | . = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | | Minus *** | , | æ | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | OR | TOTAL ADDIT. FEE | |
| • | If the entry in colu | umn 1 is less than th | e entry in column 2, w | tte "0" in | column 3. | | | | | ¥ . |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.